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AUTHOR Prusso, Laurie Kay
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ABSTRACT

This thesis is the result of a study to develop and evaluate a resource guide for use by paraprofessionals implementing the Primary Intervention Program (PIP) in public school settings. PIP is used to detect and prevent school adjustment problems in primary school students through observations of their play behaviors. The resource guide was compiled to meet the needs of children and paraprofessionals participating in a specific PIP in the greater San Francisco area. The first part of the thesis presents a literature review as well as the background and rationale of the study, during which paraprofessionals used and evaluated the guide and made suggestions for revision. The major portion of the thesis consists of the resource guide itself, sections of which discuss PIP, the role of play, Erik Erikson's psychosocial developmental theory, the paraprofessional's role in PIP, and tips on using the guide. A quick glance guide is also included. Seven appendixes to the guide present: (1) a student information sheet; (2) play dough recipes; (3) a list of board games; (4) feeling faces; (5) a description of the "Feelings in Hand" set of playing cards, which can be used to promote emotional understanding and communication; (6) a list of children's books; and (7) a list of miscellaneous resources. The final section of the thesis presents the results of the evaluation, which indicated that the four PIP paraprofessionals evaluated the guide favorably. Pre- and Post-assessment surveys are appended. Contains 14 references. (MDM)

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CONNECTING

A RESOURCE GUIDE FOR THE PRIMARY INTERVENTION PROGRAM

A Departmental Thesis Presented to the
Graduate Faculty
of
California State University, Hayward

In Partial Fulfillment of the Requirements
for the Degree
Master of Science in Education:
Option in Curriculum

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by
Laurie Kay Prusso
March 25, 1993

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A RESOURCE GUIDE FOR

THE PRIMARY INTERVENTION PROGRAM

by

Laurie Kay Prusso

Approved: Date:

Helen C Botnariuc 6/7/93

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Chapter I

INTRODUCTION

Statement of Purpose

The purpose of this study was to design a resource guide for use by paraprofessionals implementing the Primary Intervention Program in a public school setting. This resource guide addresses the philosophy of the Primary Intervention Program (California Department of Mental Health, 1992). It will be arranged according to common adjustment problem areas of primary grade students, as defined in the Primary Intervention Program "goals", and provide ideas for activities, materials, interaction, and literature appropriate to address the goals.

The resource guide stresses child initiation within the context of thoughtful planning on the part of the paraprofessional. The child's own interests and experiences are drawn on, and provision is made for appropriate choices to be available.

Rationale

Three major concerns led to the need for developing this resource guide. First was the need to help paraprofessionals understand the philosophy of the Primary Intervention Program. Second was the need to clarify the roles of paraprofessionals working in the program.

The last concern was to provide ideas to balance attention to the goals established by the program guidelines with the child's choice and initiation of activities.

The Primary Intervention Program is modeled after the Primary Mental Health Project (PMHP) in Rochester, New York. "The PMHP has been a prototype for early detection and prevention of school adjustment problems. Carefully selected and well-trained nonprofessionals who work individually or in small groups with young children with adjustment problems of various kinds are the backbone of the program" (Reynolds, & Gutkin, 1982, p.769).

The problem for the paraprofessional in the Primary Intervention Program (PIP) is one of direction. Although PIP features strong training and has forged solid links among program staff locally and statewide, the program has experienced some problems in clarifying staff roles (Cowen, Hightower, Johnson, Sarno, & Weissberg, 1989). Goals for student participants are identified early in the supervision meetings, and an evaluation of the success in meeting those goals is required at the end of the student's participation in the program. The paraprofessionals, however, are cautioned not to direct, guide, or interfere with the student participants' activities during the sessions.

This paper argues that the balance between the achievement of goals and the emphasis on nondirective play causes a dilemma for the paraprofessional.

It is within the structure of the playroom and arrangement of the activities available to the children that the adult paraprofessionals can manipulate the environment to help the children reach their goals. That is, materials, activities, and even the arrangement of the room may be adjusted to accommodate a child with specific goals identified. Within that structure, the child would then be encouraged and empowered to choose and act freely with adult support and interaction (Bredekamp, 1987).

The second goal is addressed through an investigation of intervention programs, play theory, and psychosocial development. The exploration of the research and findings will give paraprofessionals a foundation for understanding their roles as facilitators rather than as teachers or directors. It will also give them some justification for the manipulation of structure and choices available based on the goals and the needs of the child. Finally, a "quick glance guide" is presented to provide paraprofessionals with appropriate literature resources, materials, and games designed to achieve the goals of the program.

Delimitations

The resource guide was compiled to meet the needs of the children and paraprofessionals participating in a specific Primary Intervention Program in the greater San Francisco Bay area. The program operates at each elementary school site in a moderate-sized suburban community school district . Approximately 15 children are served during a 15 week session at each school. The district population includes a wide diversity of children. Although children are selected to participate in the program through screening, teacher referral, and parent option, the participants reflect the district population as a whole. Caution should be exercised in using this guide in a district with a very different population.

Definitions

A. **Philosophy:** The specific perspectives and paradigms of the Primary Intervention Program as described in the California Department of Mental Health Program Guide (1992) that constitute the body of information describing the purpose of, methods used, and facilitation of the Primary Intervention Program.

B. **Primary Intervention Program:** A school-based program currently in progress in school districts around the State, designed for the early detection and prevention of emotional, behavioral, and learning problems in preschool and primary (K-3) grade children.

The program is modeled after the highly successful Primary Mental Health Project in Rochester, New York (Cowen, Hightower, Johnson, Sarno, & Weissberg, 1979).

C. **Appropriate Activities:** Based on developmental research and play theory, "appropriate activities" would include allowing the child to direct himself/herself in terms of use of time, space, and materials within the structure provided by the setting, the paraprofessional aide, and the rules in the playroom. As defined by the National Association for the Education of Young Children (Bredekamp, 1987), appropriate activities are within the range of mastery for the child in the areas of age, stage, and individuality. Child-directed activity is the best determiner of appropriateness as a child will most often choose activities that will help him/her express what he/she needs to express. The supervising professional provides training and observation to insure the appropriateness of each program.

D. **Paraprofessionals:** In this case, non-professional mental health specialists, trained specifically for the Primary Intervention Program. According to the Program Guide (California Department of Mental Health, 1992), school districts are to hire people with experience in caring for and nurturing young children. This is the key criterion. Specific training within each school district then gives further guidance to the aides after they are hired.

Chapter II

REVIEW OF THE LITERATURE

The Primary Intervention Program

Early school maladjustment is a rampant, destructive problem in America today that leaves lasting, serious, and costly scars. The research findings on the effectiveness of early intervention programs offer a possibility to bring prompt, effective, preventively oriented services to many children in need. Without such help, many of these youngsters are fated for personally and socially unrewarding futures (Cowen, Weissberg, & Lotyczewski, 1983).

In the case of the Primary Intervention Program (PIP), there has been some confusion regarding the definition of the term *Primary*. The confusion stems from the usual use of the term in psychological circles to refer to *primary* as, "steps taken to *prevent* an occurrence. Primary prevention aims to reduce, over long periods of time, the occurrence of various kinds of disorders by dealing with the environmental factors that adversely affect human development before they cause damage" (Reynolds & Gutkin, 1982, p. 776).

Primary, however, in the case of the Primary Intervention Program, refers to the children in elementary schools in the kindergarten through third grade. Clarification is made in the use of the term *Intervention* rather than prevention. Referrals to the PIP program are for children with mild to moderate adjustment problems in their respective school classrooms. This precludes the program being "Primary Prevention" since the children have already been identified as being problematic (Reynolds & Gutkin, 1982).

Gruendel, Salguero, and Snow (1977, cited in Reynolds and Gutkin, 1982) define primary prevention as "the actions taken prior to the onset of a disorder that block its causation or modify its course" (p. 776). Inherent in this definition are three basic prevention strategies:

> ...increasing an individual's resistance to disorder by promoting normal growth, development, and competence; reducing the incidence of disorder or disability by modifying the environment in which the disorder occurs; and improving the interaction between the individual and the environment (p. 776).

The Primary Intervention Program seems to meet this definition as well as the definition given by the 1978 Task Panel on Prevention of the President's Commission on Mental Health, which defines primary prevention as:

> ...a group of approaches that share the common objective of (1) lowering the incidence of emotional disorders (i.e., the rate at which new cases occur), and (2) promoting conditions that reinforce positive mental health. (p. 1833)

Preventive intervention indicates the involvement of the schools to "prevent not only those problems directly related to school...but also that schools should address the broader social ills that prevent children from developing optimally. In other words, schools should not only work to prevent specific detrimental occurrences, but also to promote optimum development" (Reynolds, & Gutkin, 1982, p. 776).

"The goals of primary intervention may be broadly subsumed under the heading of either (1) the reduction of new cases of disorders or (2) the promotion of health and building of competencies as protection against dysfunction" (Felner, Jason, Moritsugu, & Farber, 1983. p. 5).

The Primary Intervention Program (PIP) is aimed at Felner's second goal, the promotion of health and building of competencies as protection against dysfunction.

The PIP is an innovative program for systematic detection of ontogenetically early secondary prevention of young children's school adjustment problems. PIP is patterned after "the Primary Mental Health Project [PMHP] which began in 1957 in Rochester, New York. It has four key structural emphases.

1. It focuses on young (primary grade) children.
2. It uses systematic screening to identify at risk children experiencing school adjustment problems.

3. It uses carefully selected, trained, nonprofessional help agents (paraprofessionals) to bring prompt, effective, preventively oriented services to identified children.

4. It makes a shift in the role of the school mental health professionals towards functions, such as recruitment, training, and supervision of paraprofessionals (Cowen, Weissberg, & Lotyczewski, 1983 p. 614).

Based on the results of screenings and teacher referral remarks, goals are identified for each child during the first few sessions. The identification of goals for participants involves two parts: goal identification and goal importance. Goals should be stated in a positive way, identifying the behavior to be improved or developed. The goals are stated in order of importance or priority (Felner, Jason, Moritsugu, & Farber, 1983, p. 56).

The question then is, if there are goals, and an assessment for goal achievement at the close of the program, how involved can the paraprofessional be in providing materials and experiences to help the child achieve the goals?

The contrast between child-initiated activity and adult-directed activity is clear. The first supposes that the child has in mind some way to use his or her time in the playroom and has a desire and the liberty to choose and act. In the most literal interpretation of "child-initiated" no guidance or suggestion would be offered by the adult. Perhaps a warm greeting and then

a statement or question empowering the child to act on his own (Bredekamp, 1987).

In contrast, a literal interpretation of adult-directed activity would indicate adult direction and control of materials and time as well as choices and activities in the playroom.

This has been a brief discussion of the Primary Intervention Program and the dilemma facing paraprofessionals working in the program. Next we will turn to a discussion of the role of play in the PIP.

The Role of Play in the Primary Intervention Program

Children learn most effectively in concrete play. Play is the primary vehicle for, and an indicator of, social-emotional growth in young children. It also serves important functions in children's physical and mental development (Bredekamp, 1987). Child-initiated, child-directed, adult-supported play is an essential component of PIP.

Child-initiated play means that children are allowed to use skills already mastered as well as try out newly acquired skills and to experience feelings of autonomy and success. Imitating, hiding, pretending, making, creating, choosing, and describing are the elements of play that help children understand the environment, the world, and relationships (Bredekamp, 1987).

Play allows the child to translate impulses,

feelings, and fantasies into action--to "play out" some of his/her problems. Play activities serve as sensitive indicators of the development of the child's personality. Children from disturbed homes may find in play and expressive activities the help they need in meeting their own problems and releasing their feelings, especially if [adults] are aware of these possibilities and provide materials and encouragement (Hartley, Frank, & Goldenson, 1964).

For many children who have suffered deprivations, frustrations, neglect, bad treatment, or exposure to crisis and disturbance in the family--for example, desertion, divorce, alcoholism, prolonged absence of a parent, or other problems--play activities are significant opportunities (Hartley, Frank, & Goldenson, 1964 p. 4).

Play is to the child what verbal expression is to adults. It is a way of expressing feelings, exploring relationships, and self-fulfillment. Given the opportunity to play, children will express their feelings and needs in a process of expression. Child-initiated play provides children with an opportunity to act out feelings and difficulties as they are experienced. Although young children may have difficulty trying to *tell* what they feel, in the presence of a caring, sensitive and empathic adult, they may feel free to *show* what they feel through the toys

and materials they choose, what is done with and to the materials, and what is acted-out with them (Landreth, 1982). "In play situations children's feelings, attitudes, and thoughts emerge, unfold themselves, twist and turn, and lose their sharp edges" (Landreth, 1982, p. 47). A play setting provides the children a safety zone in which to test themselves. The play may be symbolic, and, the paraprofessional becomes symbolic of the child's external world. Paraprofessionals need to understand their role as an "accepting and appreciative audience" in order to allow the child full expression (Landreth, 1982).

The use of unstructured materials is desirable in the PIP playroom because they invite the child to participate in a wide range of expressiveness and responses. Clay, paints, crayons, pipe cleaners, building materials, puppets, telephones, typewriters, finger paints, scissors, paper, and dolls are appropriate. Also recommended are a free-form climbing apparatus, a large bounce-back toy, mirrors, sand, a playhouse, painting easel, and open shelves with an assortment of small toys for use by the nondirective help agent. It is recommended that materials be simple and durable and in the view and reach of the child so that s/he can choose her/his own medium for expression (James, 1977).

However, the power is in the relationship that develops in the play setting, not in the toys. "For each child, the materials he uses have unique values dependent upon associations with his past and on his ability to project meanings and use symbols" (James, 1977, p. 73).

Checkers is a popular choice by children in the PIP playroom. It is suggested that through the use of checkers, children may be able to express some aggressive needs and competitiveness that would ordinarily be difficult for them to disclose. By playing the game over and over, children can choose to look at their own resistances and see themselves differently. Checkers, chess, and card games are excellent because they are realistic (James, 1977).

Having explained the role of play in the PIP we will turn next to psychosocial developmental theory. An understanding of Erikson's theory will illustrate how play allows children to "work through" their feelings.

Erikson's Theory of Development

Development is a process, according to Erikson, based on a universally experienced sequence of biological, psychological, and social events, and involves an autotherapeutic process to heal the scars created by crises inherent to development (Maier, 1969). Erikson characterizes the stages of birth through old age in terms of crises that are resolved either

successfully or unsuccessfully.

Earliest infancy is characterized by the psychosocial crisis of trust versus mistrust, while early childhood is dominated by the psychosocial crisis of autonomy versus shame and doubt. In these earliest stages of Erikson's psychosocial development theory, young children internalize their conception of the world in which they live. If infants learn trust, they will understand that failures, frustrations, and losses will not be overwhelming. They will have a sense that the world is predictable and trustworthy. From this knowledge they will develop hope. "Hope is the enduring belief in the attainability of fervent wishes, in spite of the dark urges and rages which mark the beginning of existence" (Erikson, 1964, p. 118). It is through the care and reliable concern of their caregivers that children develop this gift of hope and transcend the fears of aloneness and separateness.

Autonomy, as a psychosocial development, is centered around control and self-control. Children in this stage are learning to control: holding on and letting go of muscular action. This is evident in both the high-chair and the potty chair. During the second year, it is the task of children to stand on their own feet, while at the same time to be protected by the primary caregivers around them. If the children are over controlled, or the children learn to over control,

shame and doubt will be the result. They will feel compelled by the will of others rather than by their own sense of independence.

If the children successfully gain a good measure of autonomy in this stage, they will have a sense of will, free will, evidenced in their ability to make free choices. It includes the development of self-restraint, self-control, and self-tolerance. It is also during this stage that the child learns what is out of bounds; what is culturally sanctioned and socially acceptable.

If the stage is resolved unsuccessfully the child will have trouble negotiating the challenges of the subsequent developmental tasks.

In the next stage, around the ages of four and five, children will discover or decide what kind of person they are. As children of this age have the capacity to initiate actions, thoughts, and fantasies, they begin intentionally to plan and act. As children discover what they may and may not do, they internalize a set of standards and their own purposes. Their egos are now able to make judgments and anticipate consequences. If children are met with too many restrictions, or unreasonable restrictions to their exploration and expression in this stage, they will learn to feel guilty. Their sense of purpose will be thwarted (Erikson, 1964).

Erikson believed that the emotional aspects of life

permeate all human functions and that interpersonal relationships determine the core of man's make-up. In child development, play activities become the children's means of reasoning and allow children to free themselves of the boundaries of time, space, and reality. Play helps children advance toward new mastery and new developmental stages (Maier, 1969). Erikson believed further that the first two years of life, the formative years, provide the foundation for all later motivation and personal disposition.

Developmental therapy provides a model for playroom activities. By using positive, developmentally appropriate techniques and filling a developmentally appropriate role, paraprofessionals can help children decrease and/or eliminate severe problems that interfere with their relating, communicating, behaving, and learning. Through play and a supportive relationship with a caring person, children master satisfying, productive behavior and they then have less need for using disruptive, nonproductive behaviors (Reynolds & Gutkin, 1982).

Unsuccessful resolution of the first three stages of Erikson's crises may precede the kind of adjustment problems that lead to referral to the PIP. These kinds of early developmental deficits can be addressed and sometimes diminished through interactions with an adult and play opportunities that give children chances to

rework the stage and successfully resolve the crisis. For instance, if the children are referred because they do not seem to be secure in the classroom, in the playroom, the goal would be to establish a caring relationship between the paraprofessional and the children.

Working on the first stage, trust versus mistrust, children can re-work the crisis and learn that the world, at least in the playroom, is safe and predictable. This sense of security may be generalized later to the classroom where the children's behavior would be affected (Reynolds & Gutkin, 1982).

If a child is referred because he or she cannot follow the routines in the classroom, in the playroom he/she would learn that there are a few rules that must be obeyed, and he/ she would practice, through child-initiated activity , establishing boundaries for himself or herself. S/He might choose to play with toys and games that need to be ordered and categorized. In this way s/he would take control of the environment and begin to gain autonomy. According to Erikson's theory, this re-learned successful resolution of stage two would enable the child to interact in a more productive way in his or her relationships and in the classroom.

THE ROLE OF THE PARAPROFESSIONAL IN PLAY

When children have a problem responding and trusting, the paraprofessional's role is to arouse and satisfy basic needs (Reynolds & Gutkin, 1982). It is through provision of appropriate, gentle body contact; thoughtful playroom structure and consistent routine; the provision of materials and interaction including communication, that stimulates and nurtures the child (Reynolds & Gutkin, 1982). The basic needs referred to by Reynolds and Gutkin are those that the child did not satisfy in the earlier stage, or at the appropriate age, sometimes referred to as regressive needs. Research indicates that opportunities to be with a caring, accepting adult in a play setting can enhance a child's ability to resolve successfully those deficiencies.

According to Moustakas (cited in James, 1977), the helping person shows respect "by allowing the child to make his own decisions: the play time is not structured, the therapist does not choose the toys, interpret, nor guide the play; he allows the child to lead the way

Axline (also cited in James, 1977), suggests that eight basic principles apply to nondirective play settings. They include the following concepts:

1. Develop warm, friendly relationship with child.
2. Accept child unconditionally.
3. Establish freedom for self expression.
4. Recognize and reflect feelings back to child.

5. Maintain a deep respect for child's ability to solve his/her own problems.
6. Allow the child to direct the session.
7. Recognize the gradual process and not hurry play.
8. Establish limits necessary to connect play sessions to the real world and help child be aware of his responsibility in the relationship (p.24).

Benefits of the Program

Findings are reasonably consistent and show that children who participate in early intervention programs such as PIP do better than controls on a wide range of school record, performance, and adjustment measures. Both short term and long term gains have been shown in children who participated in the PMHP. Teacher ratings indicated that referred children improved more than demographically comparable control children. In several instances, group change analyses demonstrated significant improvement by program children on teacher and aide behavioral ratings (Cowen, Lorion, Dorr, Clarfield & Wilson, 1975).

In conclusion, the review of related literature has shown that early intervention programs are effective in reducing maladjustment in primary grade children. Over the past decade or so, the Primary Intervention Program has been promoted and is now in operation throughout the State of California. However, the confusion that paraprofessional aides have had about their role

continues. It is hoped that the accompanying resource guide will assist in clarifying the role of the paraprofessional in the use of nondirective play in the Primary Intervention Program.

Chapter III

PROCEDURES

Introduction

Since the purpose of this study was to design a resource guide for paraprofessionals in the Primary Intervention Program, a discussion of the philosophy of the program, play, and psychosocial development was initially approached. Following this foundation, each goal was addressed, and suggestions were given for materials, activities, literature, and communication models appropriate for that goal.

Background

The Primary Intervention Program (PIP) was begun in this school district in the fall of 1991. PIP was introduced to California by San Francisco Bay area Assemblyman Tom Bates. In 1981 a California legislative act established PIP as a three year demonstration project. The California project leaders were trained by the Primary Mental Health Project (PMHP). PIP actually started up in 17 schools districts in California in September, 1982, the district in which I work being one of those.

In 1983, new legislation provided support through a Mental Health Primary Prevention Fund. Further legislation in 1985 made PIP a permanent program. Newly starting programs were required to reflect a working partnership between county mental health departments and school districts.

This particular Primary Intervention Program is funded by the school district. We have expanded our PIP at three Chapter 1 schools through a grant from the State Department of Mental Health. Other districts may receive funding from other sources.

As of 1989, there were 32 State-funded programs located at 55 schools, a model training program located at 3 sites, and 17 locally supported projects in 30 schools. These participants represented a cross section of California communities. The program has expanded dramatically since that time.

A recent state level evaluation, based on data for 2,587 program children from 33 participating school districts, reported strong evidence of PIP's efficacy in reducing children's school adjustment problems and strengthening their competencies.

Participants in the program are referred by their classroom teachers and through a screening process. A Teacher-Child Rating Scale is scored to determine placement. If the child falls within the parameters of the program, a parent-permission letter is sent home.

If the parents consent, the paraprofessional and the teacher determine an appropriate time for the child to attend the playroom.

In this district children visit the playroom once a week for thirty minutes. During the visit the child keeps track of the number of times he or she has attended. Typically, the child then chooses and initiates activities for the remainder of the thirty minutes. The child returns to his or her classroom and carries out the regular routine of the school day.

The program is limited to fifteen participants per 12-15 week session. If referrals exceed this number, as they often do, the school psychologist, in cooperation with the classroom teacher and the paraprofessional (if appropriate) determine which children will enter the program. Other services are sometimes arranged for the children who do not fall within the range of services provided by the PIP.

Population

The school, located in one of the medium size cities of the greater San Francisco Bay area, has a population of approximately 650 students in grades kindergarten through five. The school serves a wide range of children. It is the target school for a Chapter 1 program because of a high percentage of children from families with low incomes. It also has the highest number of children in the Gifted and

Talented Education program within the district. The school also includes approximately one hundred and twenty-five children who speak English as a second language (ESL) and provides services for those children. Although Spanish-speaking children comprise the bulk of the ESL group, the school at times has children who speak many different languages. There are twelve different languages represented including Hindi, Punjabi, Farsi, French, Tagalog, Pashto, Norwegian, Swedish, Ilocano, Hungarian, and Vietnamese. Family incomes range from families on welfare to upper-middle income families with most falling in the range from lower-middle to middle income. The majority of parents hold blue-collar jobs, but there are professional level families as well as those receiving Aid to Families with Dependent Children (AFDC).

Rationale for Resource Guide Development

The Primary Intervention Program operates under the premise that children with adjustment problems in school will benefit from a trusting supportive relationship with a caring adult. The program is designed to work with young children who are exhibiting behaviors that are linked with later life difficulties.

The paraprofessional's primary responsibility is to the students in the program. Paraprofessionals work under the ongoing supervision of the school-based mental health professional. Paraprofessionals provide

nondirective expressive play sessions that are designed to establish a positive meaningful relationship to reduce school adjustment problems.

Because the paraprofessional aides are typically mothers (occasionally fathers) from the community, who are already involved in some way in the school system, they often are not knowledgeable in areas of child development theory. They are naturally warm, nurturing people, which is the most important requisite (California Department of Mental Health, 1992).

Because the paraprofessional may be new to this kind of nondirective play, and perhaps to the developmental needs and norms of children of this age, ongoing training and supervision provide opportunities for paraprofessional aides to understand their role and adapt their time in the playroom accordingly.

This guide goes one step further. It provides some brief information designed to help paraprofessional aides understand the developmental needs of children in the primary grades. In addition, it explains why nondirective play "works", and why simply spending time with a caring accepting adult helps children heal and grow. It then presents ideas for choices that are appropriate for the goals designated by the PIP guidelines.

Before designing the guide, paraprofessional aides in the participating district discussed what they felt

was needed. After the guide had been used by the aides, a summative evaluation instrument was used to determine its helpfulness. The use of the guide was also discussed at the weekly inservice/supervision meetings with the professional supervisor. Input was taken on all three levels to develop and improve the guide.

Because this guide is being designed for a specific school district, the conditions at the various schools are similar. This is evidenced by comparable student populations in relation to socio-economic factors, ethnic representations, and academic experiences. The students who participate in the PIP are screened, referred by teachers, and selected on the basis of adjustment problems apparent in the classroom. They range in age from four to ten.

The paraprofessionals participating in this study are representational of the populations in the four schools served and are members of the local community. The paraprofessionals in this study assisted in the development of a survey form to indicate what should be included in the resource guide. The available resources were gathered and the guide designed according to the results of the survey. After presentation of the resource guide, the paraprofessionals had a chance to use it in their work for a three-month period. A summative questionnaire was used to determine the effectiveness and helpfulness of the guide.

Written suggestions for improvements, adaptations, and additions were solicited from the participating paraprofessionals.

After summarizing the results of the formative assessment, conclusions, implications, and recommendations explicit for this study are made.

Chapter IV

A RESOURCE GUIDE FOR PARAPROFESSIONALS IN THE PRIMARY INTERVENTION PROGRAM

Organization of the Guide

This resource guide, *CONNECTING*, is organized for easy use by the paraprofessionals (child-aides, instructional technicians, child-associates, and others) working in the Primary Intervention Program. It begins with a brief description of the PIP philosophy and guidelines. A simplified explanation of play theory and Erikson's psychosocial developmental theory are then presented. This information can provide the user with a basis for what occurs in the playroom and how planning assists the children in achieving goals.

Next, a "quick glance guide" for each of the six major goal areas presents ideas appropriate for planning and arranging activities and materials in the playroom. A brief list of selected children's books is also presented. This allows adults to make available to the children books and stories that may facilitate child-initiation and participation in the playroom, while enhancing the child's self-discovery and understanding.

CONNECTING

A RESOURCE GUIDE FOR PARAPROFESSIONALS
IN THE PRIMARY INTERVENTION PROGRAM

by
Laurie Kay Prusso

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CONNECTING

Many children come to elementary school today with needs that are manifested as adjustment problems in the classroom. These problems, identified by classroom teachers, can range from fidgeting to fighting, from inability to pay attention to extreme withdrawal. Early intervention programs allow the schools to provide some extra attention to these children (Reynolds & Gutkin, 1982). Such programs have been shown to be effective in reducing the severity of problems already in existence and in promoting health and more positive attitudes in the children who participate. The Primary Intervention Program (PIP) is one such program available to schools.

The underlying philosophy behind intervention programs like PIP is that some special time, just for the child, with the attention of a warm, accepting adult in a play setting will give the child a chance to work out some problems that are affecting behavior in the classroom (Reynolds & Gutkin, 1982).

The argument for early intervention in play settings can be explained by developmental play theory and Erikson's psychosocial developmental theory. The assumption is that if an important achievement was missed earlier in the child's social-emotional developmental growth, through play the child may have an opportunity to go back and re-do it, or re-learn it with

a more successful outcome (Hartley, Frank, & Goldenson, 1964). The role of the supporting adult is to help the child experience unconditional caring and safety in the playroom. This can facilitate the learning of trust and security in the child and allow him/her to move through that stage and feel better about him/herself (Reynolds & Gutkin, 1982). Because the Primary Intervention Program is based on children participating in a playroom, an explanation of how children learn through play is discussed.

Play

How does play help a child learn or re-learn something that was missed? There are many ideas concerning how play facilitates the growth of children. We are concerned here only with social-emotional growth, that is, how children learn to get along in their environment and how they feel about themselves and others.

During play, children are drawn to materials and activities in which they are interested. The term for allowing children to choose what they play with and how they play is "child-initiated" (Bredekamp, 1987). Their interest in certain activities and materials, games, toys, art supplies, and so forth is driven or motivated by their previous experience with these things, their understanding of what they can do to or with the things,

and their curiosity. Sometimes children will play with the same things over and over again in an attempt to "master" their interaction with those things. Mastery may include being able to do it right, knowing all you want to know about the thing or activity, or getting all of the meaning out of it that is needed at the time (Bredekamp, 1987).

A five year old who chooses to play with dinosaurs may use them in a variety of ways. He/She might separate the large from the small and line them up systematically and even symmetrically before strategically attacking the large animals with the small ones and annihilating all of the big dinosaurs. This is a typical form of play for children at this age. But what is being "learned" in this activity?

Through this symbolic big-guy/little-guy play, and in other symbolic play (as in the doll house or sand play), children try out newly acquired skills and experience feelings of autonomy (independence) and success. In this particular example, the child is creating a sense of power that he/she may not really be experiencing in the real world. In play, even though the child is small, victory can be won. The child can imitate, pretend, create, choose, and manipulate a world that is safe and that she/he controls (Bredekamp, 1987).

It is essential that the choices be hers/his and that the child is in control.

It is through play that children learn to understand the real world and relationships. This is one of the reasons that children will do the same things over and over again, and then, all of sudden, stop and move on to something else.

Over a period of time, children may pass through stages in which their play is very different with the same materials. Play is the tool children use to meet their own problems and release their feelings. Play gives children a way to express, through their actions what adults are able to express verbally. Child-initiated play provides children with opportunities to act out feelings and difficulties that would be inappropriate for them to act out in real life (Landreth, 1982). This is why child-initiated activity is so important in the playroom.

Young children may have difficulty trying to tell adults what they feel. In the playroom, however, in the presence of a caring, sensitive and empathic adult, they may feel free to *show* what they are feeling through their use of the toys and materials available. It is very important that this child-initiated process be allowed; that the adults planning the program understand that the children will participate happily in activities

chosen or selected by the adults but that the real "healing" work will not occur in adult-initiated or planned activities.

The power in the playroom is in the relationship that develops between the child and the caring, accepting adult. The materials will have unique meanings and potential for each child (James, 1977). These meanings are dependent on the past experiences of each child and on the child's ability to project his or her meanings. During play, the adult needs to be reluctant to "interpret" or suggest meaning to the child's activities. It is appropriate, however, for the adult to reflect or mirror the statements of the child concerning his/her play. Simply restating what the child has said, or rephrasing the child's comment in the form of a question, in order to clarify, reaffirms the adult's attention to and acceptance of the child's choice of play and expression (California Department of Mental Health, 1992).

To understand the work of this symbolic play it is helpful to understand what children are trying to learn at different stages of development. In the next section one theory of psychosocial development is explained briefly. This theory was advanced by Erik Erikson and is widely accepted in the field of child development as a good and understandable explanation of how people

mature through the stages of life.

Erikson's Psychosocial Developmental Theory

According to Erik Erikson, development is a process based on a sequence of biological, psychological, and social events. Humans have the potential to work through the stages of life from birth through old age in terms of problems or crises that are either successfully, partially, or unsuccessfully resolved. Successful resolution of a crisis leads to health, and unsuccessful passage through a stage leads to problems in the subsequent stages (Erikson, 1963).

Erikson begins at stage one, which takes the child from birth through about 18 months of age. This is the stage, Erikson theorizes, in which it is the task of all human beings to learn trust. Trust is internalized if the baby's needs are met in a timely fashion and with respect for the child expressed through nurture, attention, and thoughtful care (Erikson, 1964). What is learned during this stage that develops trust?

When children are treated with respect, as they are being cared for, they learn that the world is a predictable and trustworthy place. They can count on certain things in the environment, especially on the primary caregivers, usually the parents. If trust is accomplished, children become optimistic and have hope. They trust that there are ways to work things out and

that the world is dependable (Erikson, 1964).

If they do not learn this now, their outlook, as they go into the second stage and second year of life, is one of fear, aloneness, and separateness. They do not "know" that someone cares for them and will "always" be there for them. Thus, they do not know that the world will care for them and be a predictable, consistently safe place. Mistrust is the result of an unsuccessful resolution of stage one (Erikson, 1964).

The name Erikson gives to the crisis of the second stage is Autonomy versus Shame and Doubt. Anyone who has ever raised a two-year-old knows that the goal of the child at this age is to be independent. Erikson labels this "the struggle for autonomy". The issues and crisis in this stage are centered around control and self-control. Children are learning to control their muscles, especially during the period of toilet training. Their favorite game is hold-and-let-go, often played while in the high-chair.

Children at this age are mobile. They must learn to be in charge of themselves; but, at the same time, they still need protection and care from the adults in their lives. If the adults over-control through strict domination of the child's environment and/or activities, the child may react by feeling shamed and have doubt in her/himself. The same feelings can result from

permissive parenting in which not enough guidance is given. Shame develops if the child internalizes the sense that he/she is exposed or being looked at when not ready to be looked at. The child is made to "feel small or shameful. He learns to distrust those who shame him" (Erikson, 1963, p. 217). Such children learn that they are compelled by the will of others or by the environment rather than through their own interaction with the world.

In contrast, a successful experience in this stage will occur if the adult caregivers facilitate the child's ability to make some choices, develop self-restraint, self-control, and self-tolerance. The child will master the sense of what is out of bounds and what is culturally sanctioned. The child will feel happy and autonomous, safe and trustful (Erikson, 1964).

Children who successfully master the first two stages are well prepared for the next stages. You will see readily why children who do not successfully pass through the first two stages may have trouble negotiating the challenges of the subsequent stages of development.

Erikson's third stage of development is entered around the age of three and continues to age five or six. It is in this stage that children discover or decide what kind of person they are. This is the stage

of Initiative versus Guilt. Developmentally, both physically and cognitively, at this stage children are ready to initiate actions, thoughts, and fantasies. They begin to plan and act intentionally. They love to build, create, paint, act, change clothes, and decide for themselves. In their interactions with family and caregivers, children discover what they may and may not do. They explore what they are capable of and try out any number of new tricks. Preschool children are capable of many things. Parents once again are the facilitators, through their interaction, encouraging, guiding, helping, and restricting appropriately or inappropriately. This is how children internalize a set of standards and their own purposes.

Children at this age are capable of making judgments and anticipating consequences (Erikson, 1964). If children have not learned to trust and do not have a sense of autonomy, they may experience unreasonable restrictions to or not enough guidance in their exploration and expression in this stage. Children who have not acquired a sense of trust and independence often continue to seek reassurance (attention) in inappropriate ways.

The child may meet with too many obstacles or too little support to be able successfully to work through the processes to achieve trust, autonomy, and

initiative. These children then come to school without the skills that would help them feel secure and get along in class. Trust is the basis of all relationships. Autonomy and initiative allow the child to act independently and confidently in his/her interactions. Such children need to have a chance, while still very young, to re-work these stages in an accepting, safe atmosphere. Play helps children advance toward new mastery of the developmental stages. Since Erikson believes that the first two years of life provide the formation for all later motivation and personal disposition, it is crucial for the children to have an opportunity to go back and work out the early tasks in a positive way (Reynolds & Gutkin, 1982).

Play is the tool used in PIP to allow children to try again. In the playroom, with unconditional support from the paraprofessional, the child may be successful in re-working the first three stages of Erikson's theory. It is the role of the paraprofessional to facilitate the child's play, develop a trusting relationship, and provide a secure place in which the child can feel accepted.

The Paraprofessional's Role

The developmental play, or nondirective play, used in the Primary Intervention Program, can help children decrease and/or eliminate some severe problems that

interfere with their relating, communicating, behaving, and learning (Reynolds & Gutkin, 1982). Through play and a supportive relationship with a caring person, children can master satisfying, productive behavior. They then have less need for using disruptive, nonproductive behaviors in the classroom. It is through the development of trust and safety in the playroom that children can re-work the earlier crises. If they learn that the playroom is safe and predictable, they may be able to carry that sense with them into the classroom and to the outside world. This is called generalizing. That is the basic foundation of early intervention programs (Reynolds & Gutkin, 1982).

Once paraprofessionals understand why children are referred to the program and how play interaction can help the children, they can provide the structure and activities that allow the child to play freely and work on his/her own development.

In the playroom, the use of appropriate, gentle body contact, thoughtful playroom structure, and consistent routine gives the children a sense of safety and security. This can be the beginning of the development of trust. As children learn that there are only a few rules that must be observed, they can then be free to be independent and autonomous in their play within the safety and limitations of the rules.

The presence of a caring adult in play can enhance the child's ability to resolve the problems he/she brings into the playroom. The adult, however, does not choose the toys, provide pre-packaged arts and crafts projects, interpret, nor guide the play but allows the child to lead the way (James, 1977).

The purpose of the child's experience in the playroom is to enhance her/his ability to function in the classroom. This is accomplished through appropriate play experiences that may help the child develop positive characteristics. Paraprofessionals must always remember that the child knows what s/he needs and wants to do. The child's needs can be met through child-initiated play and the support of a caring adult.

I hope that this background information on the philosophy of the Primary Intervention Program, developmental play, and psychosocial development can be used as a basis for work in the PIP playroom. Remember to use your natural instincts to care for and nurture the children with whom you work. Have enough faith in them to believe that they know what *they* need to do, what they need to work on, what they want to express, and how much of themselves they want to share. Be there to support the children, not to entertain them. We can never solve someone else's problem, we can only empower them to solve their own problems.

USING THE GUIDE

Children know what they need to do and what they want to do. This is why nondirective play is the main tool in the Primary Intervention Program. The suggested activities in this section are intended to help the paraprofessional make thoughtful connections between the child's choices and the goals that have been identified. For purposes of definition and identification I have included a brief explanation of the importance and usefulness of symbolic play, manipulative play, and board games.

Symbolic play is effective in all goal areas. It allows the child to bring to the surface feelings that he/she may not be able to express verbally or in any other setting. It is often these unexpressed issues that are affecting the child's adjustment in school. Symbolic play includes any activity in which the child substitutes objects for real things, or assigns the role of real beings to play objects. It may include the use of dolls, dinosaurs, cars and trucks, art materials, animals or any number of other items from the playroom shelf. Much of what children do in the playroom involves some kind of symbolic play.

Manipulatives are objects that the child plays with and moves around. He/she may stack, line-up, hook together, or use in any way at all. When children play

with manipulatives, they are making sense of the world. They are ordering, sequencing, and working to understand how things go together in the world. They are beginning to understand what their own relationship is to objects and to the world in which they live. Symbolic play and manipulatives are used by children to work on making sense of their environment. Board or table games are also used to master emotional and cognitive skills.

Some children will choose board games while in the playroom. They may explore a new game, or they may pick a game that they have played elsewhere. Occasionally a child will choose to play a game over and over again. They may count out loud the number of spaces to move or review the rules with you on an ongoing basis. They may use the dialogue during the game to express what they are experiencing in their lives. Once in a while, a child will use games to shield him/herself from the more expressive play. You may want to be aware of the child's goals and patterns in the playroom so that some change in structure can be attempted if desired (such as removing a game or two from the shelf). Games are an important way for children to achieve mastery and confidence. Games are predictable and fun for the child. If the child is working on security, trust, acceptance, self-confidence, or any number of goals related to self-development, games are very appropriate.

Board games can be an important activity for children participating in PIP.

Most importantly, through play children can develop social-emotional competencies. They learn to restrain unsocial impulses. They practice acceptable ways of negotiating for what they want. During play, children may be able to step back and see themselves from different perspectives. This enables them to begin to understand that others have feelings and needs too.

Play is the beginning of being able to live comfortably with others. It allows mastery of feelings and objects, expression of needs and responses, and negotiation for mutual agreement. Opportunities in the playroom for children to accomplish these things successfully is the key of PIP. The role of the paraprofessional is to facilitate this inner-directed play of the children so that each child's needs will be met through his/her own expression and choice. All the adult has to do is support the child in this play.

"PLAY ALLOWS THE MOVEMENT AND EXPRESSION COMES."

Jerry Tello, 1992 PIP Conference

QUICK GLANCE GUIDE

GOAL AREA: DISRUPTIVE BEHAVIORS TO REDUCE

39 * Talks back to teacher
40 * Lies, cheats or steals
41 * Breaks or destroys things

Developmental Tasks:
** Trust
** Self-control
** Competence

Achieved Through:
Developing a relationship with a caring, consistent adult.
Experience in a secure and accepting playroom setting.
Concise rules.
Accurate reflection of the child's experiences.
Awareness of strengths and weaknesses through positive feedback by an adult.
Experience of successful activities and a friendly relationship.

Suggested Activities:
* All About Me (Appendix 1)
* Play-dough (Appendix 2)
* Art materials: self-portrait, finger painting, etc.
* Board Games (Appendix 3)
* Symbolic Play

Communication Keys:
Speak gently and clearly.
Explain the playroom and set clear limits.
Discuss routine and reassure child at beginning of each visit until the child feels comfortable.
Show interest in the things the child does and says.
Accept the child where he/she is.
Practice good reflective listening skills.

Related Books:
I Was So Mad, Mayer
Alexander and the Terrible, Horrible, No Good, Very Bad Day, Viorst
Where the Wild Things Are, Sendak
Quick as a Cricket, Wood
Frederick, Lionni
Just Only John, Kent
The Mixed-up Chameleon, Carle
Babushka's Doll, Polacco
All By Myself, Mayer

Reinforcement:
Always end the session with positive comments about your visit together and reassure the child that you look forward to the next time. Prepare child for last visit by discussing what he/she has done and the friendship you have developed.

GOAL AREA: ANXIOUS, MOODY, IMMATURE BEHAVIORS TO REDUCE

42 * Nervous mannerisms
43 * Fears adults
44 * Depends on teacher to solve problems
45 * Resists coming to school
46 * Makes physical complaints
47 * Daydreams
48 * Will not try new things
49 * Isolates self

Developmental Tasks:
** Safety
** Security
** Acceptance, Initiative

Achieved Through:
Development of a warm and caring friendship.
Consistency in the playroom rules and routine.
Responsive listening and reassurance.
Modeling.

Suggested Activities:
* Reading aloud
* Easel painting
* Finger Painting
* Symbolic play
* Drawing pictures/naming objects
* Board Games
* Manipulatives
* Dollhouse
* Sandtray

Communication Keys:
Use a gentle appropriate voice and touch. Provide a consistent routine.
Listen attentively and reflect.
Use encouragement and positive reinforcement

Related Books:
Nursery Rhymes
The Runaway Bunny, Brown
Quick as a Cricket, Wood
Whose Mouse are You?, Kraus
The Happy Day, Kraus
Swimmy, Lionni
Leo the Late Bloomer, Lionni
Ira Sleeps Over, Waber
Ask Mr. Bear, Flack

Reinforcement:
Recap session at close of session, recalling what the child has done. Highlight the positive. Walk the child back to class and give a warm good-bye. Reassure near close of sessions and reinforce friendship.

GOAL AREA: SOCIAL SKILLS TO FOSTER

51 * Sharing, helping, cooperating
52 * Sensitive to others' feelings
53 * Follows classroom directions

Developmental Tasks:
** Trust
** Autonomy

Achieved Through:
Warm, caring relationship.
Consistency in routine and rules.
Unconditional acceptance of child.
Clear limits.
Child directed choice and activity.

Related Books:
Evan's Corner, Hill
Quick as a Cricket, Wood
Just for You, Mayer
I Was So Mad, Mayer
Alexander and the Terrible, Horrible, No Good, Very Bad Day, Viorst
Mr. Gumpy's Outing, Burningham

Suggested Activities:
* Feeling Faces (Appendix 4)
* Identify and label feelings
* Feeling in Hand (Appendix 5)
* Manupulatives
* "Memory"
* Board Games
* Symbolic Play e.g. Dollhouse, Sandtray

Reinforcement:
As the child leaves, recall the positive things you have observed in the session. Use language that models for the child and encourages him/her. Reassure the child that you will be together again soon. Prior to the final session, help the child prepare by counting visits on a display calendar or tracking chart. Plan a celebration, but reinforce the friendship and relationship.

Communication Keys:
Positive reinforcement.
Explicit discussion of skills.
Modeling sharing and cooperation.
Lots of listening if child is expressive.
Symbolic play, especially for non-expressive children.

GOAL AREA: SELF-RELATED BEHAVIORS TO FOSTER

54 * Maintains personal grooming habits
55 * Expresses feelings appropriately
56 * Makes decisions independently
57 * Exhibits sense of stability and security

Developmental Tasks:
** Trust
** Autonomy
** Initiative

Achieved Through:
Relationship with adult.
Acceptance of child.
Limits and routine in playroom.
Encouragement and support to make independent choices.
Reflection and evaluation of choices.

Suggested Activities
* All About Me
* Feeling Faces
* Body Drawing
* Self-Portrait
* Easel Painting
* Finger-painting
* Washing up
* Symbolic Play
* Board Games

Communication Keys:
Positive reinforcement.
Explicit discussion of skills.
Modeling sharing and cooperation.
Lots of listening if child is expressive.
Symbolic play, especially for non-expressive children.

Related Books:
King Bidgood's in the Bathtub, Wood
Alexander and the Terrible, Horrible, No Good, Very Bad Day, Viorst
Goodnight Moon, Brown
Swimmy, Lionni
The Runaway Bunny, Brown
Quick as a Cricket, Wood
Mr. Gumpy's Outing, Burningham

Reinforcement:
Talk about what the child chose and how he/she felt about it. Help the child understand that he/she may choose something else to do the next time, or may choose the same activity.
Express care and interest in the child's activities.

GOAL AREA: EDUCATIONAL PERFORMANCE AREAS TO IMPROVE

58 * Attendance and punctuality
59 * Keeps things organized

Developmental Tasks:
** Ordering and Sequencing
** Categorizing
** Security
** Initiative

Achieved Through:
Categorizing and manipulating objects.
Arranging things.
Consistent playroom routine.
Unconditional acceptance by an adult.

Suggested Activities:
* Manipulatives
* Puzzles
* Clean-up
* Symbolic play, dollhouse, sandtray etc.
* Painting
* All About Me
* Self-portrait
* Play-dough
* Personal box or folder
* Tracking chart for visits
* Helping adult.

Communication Keys:
Discussion about playroom rules.
Explicit talk about where things belong.
Returning toys to proper place.
Communication about routine and security.
Modeling vocabulary that reinforces desired behavior and goals.

Related Books:
Ask Mr. Bear, Flack
Do You Know What I'll Do?, Zolotow
Dandelion, Freeman
Someday, Zolotow
Brown Bear, Brown Bear, Martin
Over In the Meadow, Keats
There Was An Old Lady Who Swallowed A Fly, traditional
One Hunter, Htuchins
I Read Signs, Hoban

Reinforcement:
Lots of feedback for positive behavior. Stickers, verbal encouragement and other immediate reinforcement. Recap each meeting and reassure child of consistency and return visits.

GOAL AREA: CRISIS/FAMILY DIFFICULTIES TO ADDRESS

60 * Works through feelings about specific family crisis.
61 * Explores feelings about birth of a sibling.
62 * Prepares for impending hospital stay.

Developmental Tasks:
** Reinforce strengths
** Security
** Trust

Achieved Through:
Relationship in playroom.
Friendship.
Empathy.
Direct and indirect expression of issues.
Acceptance of feelings, validation.

Suggested Activities:
* Symbolic play
* Reading aloud
* Artwork
* Painting
* Child-initiated activity

Communication Keys:
Listen-Listen-Listen
Reflect and validate.
Accept feelings as expressed.
Free play will bring out verbal and non-verbal expression.

Related Books:
For books related to specific crises and problems, please refer to the accompanying books to use with bibliotherapy found in Appendix 6.

Reinforcement:
Tokens and stickers acknowledging the specific challenge, such as: nurse, doctor, bravery, etc.
Reassurance that the playroom is a good place to "feel" whatever it is you feel.

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REFERENCES

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APPENDIX I

All About Me...

My name is _____.

I am _____ years old. I am in the _____ grade.

My teacher's name is _____.

I have _____ hair and _____ eyes.

I have _____ brothers and _____ sisters.

My favorite subject in school is _____

_____.

My favorite book or story is _____

_____.

My favorite color is _____.

My favorite animal is _____.

My favorite food is _____.

My favorite sport to play is _____

_____.

My favorite TV show or movie is _____

_____.

After school I like to _____

_____.

A special friend I like to play with is _____

_____.

When I grow up I want to be a _____

_____.

APPENDIX II

APPENDIX II

PLAYDOUGH RECIPES

PLAYDOUGH

2 Cups Water
1 Cup Salt
4 Teaspoons Cream of Tartar
6-12 drops of food coloring as desired
2 Cups Flour
2 Tablespoons Salad Oil

Mix together in a large, heavy pot. Cook until it boils. Reduce heat and continue cooking until mixture pulls away from sides of pan. Remove from pan. (CAUTION** Misture will be very hot.) Knead until cool and smooth. Store in an air tight container such as zip-loc bags or rubbermaid.

KOOL-AID PLAYDOUGH

2 1/2 Cups Flour
2 Packages Kool-Aid (regular, unsweetened type)
3 Tablespoons Salad Oil
2 Cups Boiling Water

Mix dry ingredients together. Add water and oil. When cool, mix with hands until smooth. Store in air tight container.

APPENDIX III

APPENDIX III

BOARD GAMES

Games in the playroom give children opportunities to practice a variety of skills. Among these skills are: turn taking, patience, coping with disappointment, inductive and deductive reasoning, planning, and sequencing.

Some children are working on understanding rules and playing within the rules. Very young children may develop their own sets of rules to play with you.

Mastery of a skill can be enhanced through board games. If a child chooses the same game over and over, he/she may be on the edge of mastering the skill involved.

The following is a list of board games that have proven useful as well in the Primary Intervention Program. The list progresses from games for very young children to games appropriate for older children.

Younger	Older
Pizza Party	Guess Who
Memory	Battleship
Trouble	Sorry
Chutes and Ladders	Checkers
Candyland	

APPENDIX IV

APPENDIX IV

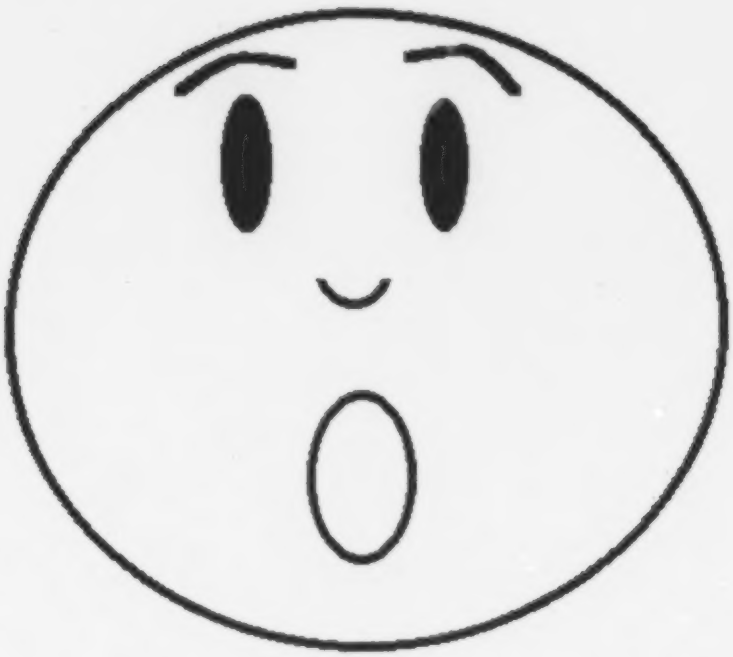
FEELING FACES

These faces, depicting different feelings, can be used in a variety of ways. They can be enlarged and made available for the child to color. They can be used as tools when discussing different ways people feel.

Sometimes they are out on the table and the child will identify with one of the feelings depicted. The aide can then use reflective language and help develop the child's expression around the feeling.

"Sometimes I Feel" can be played with the faces being turned over. The child picks one and then talks about a time when he/she felt "sad", or "happy" and so forth.

63



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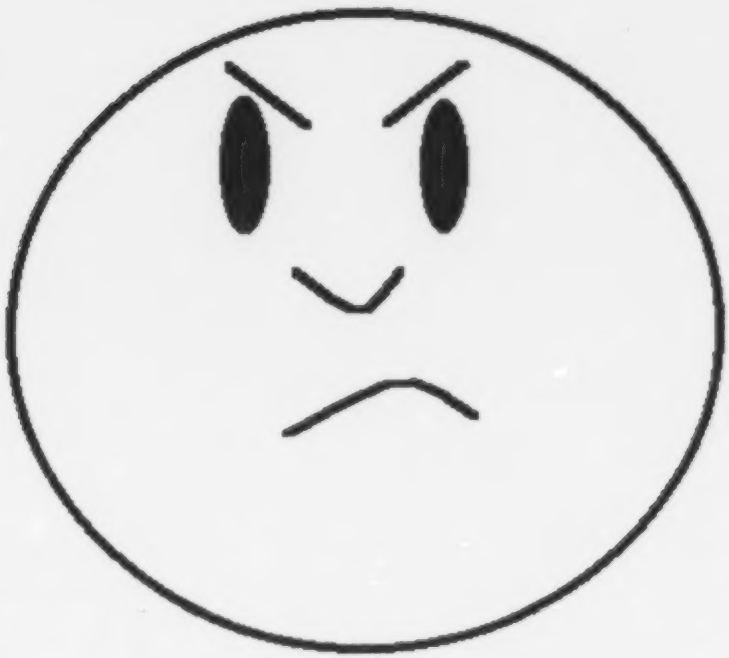

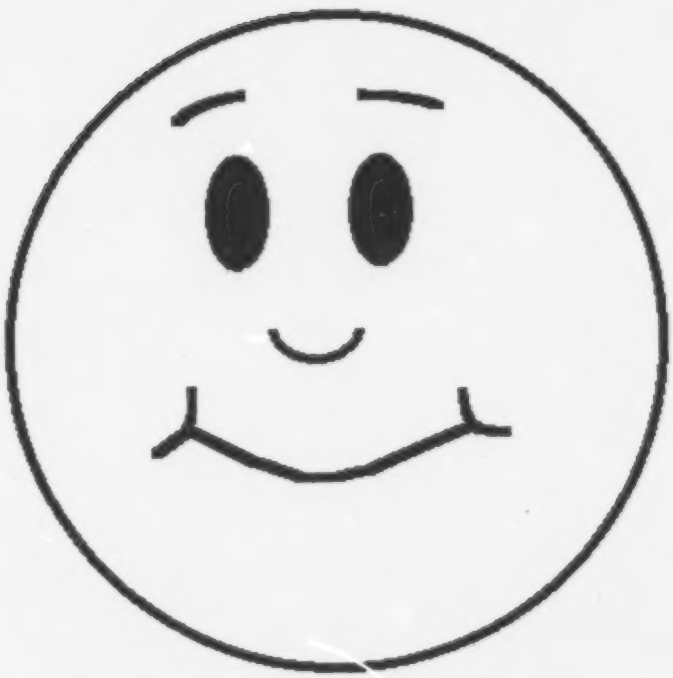

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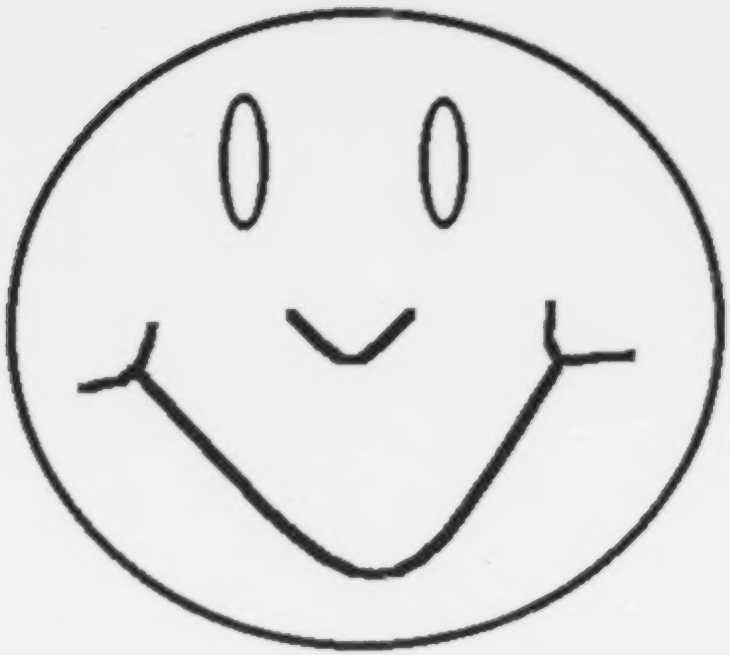

APPENDIX V

APPENDIX V

FEELINGS IN HAND

Feelings in Hand is set of playing cards designed to "promote emotional understanding and communication." Developed by Marilyn R. Deak, Ph.D., the deck was developed to enhance the expression and exploration of emotions through good old fashioned card games.

The deck of 64 playing cards are labled with the names of 16 different emotions. They are further differentiated by color suits and feeling state categories: positive, angry, anxious and sad.

"Go Fish", "Concentration", "Crazy Eights", and "Rummy", can all be adapted and played with this deck. Throughout the play, the discussion of, and exploration of feelings is facilitated by the adult, or through the explanation of the rules. Children learn to name feelings, become more accurate at describing feelings and emotions, and understanding that feelings are real and accepted.

The warm and open relationship described in the instructions for Feelings in Hands fits clearly with the guidelines of the PIP.

This game is available from:
Psychological Development Services
P. O. Box 136
Claymont, DE 19703-0136

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APPENDIX VI

APPENDIX VI

A LIST OF CHILDREN'S BOOKS (BIBLIOTHERAPY)

Reading to children is a wonderful way to stimulate their interest, their development, and their imagination. Stories can take a child out of the real world and into a magical world that is confined within the pages of a book. The story can unravel, revealing ideas, emotions, and strategies that may help the child make sense of the real world. Stories address every facet of real life in a format that is safe and controlled.

The use of literature and storytelling in social-emotional development has long been a respected way of motivating children's social-emotional growth. The Primary Intervention Program playroom lends itself well to a cozy corner, perhaps with a big, soft pillow or bean bag. Children will benefit from time, closeness, and warmth from the paraprofessional while enjoying a story or book during the session. Some basic principles should be used when reading aloud to children.

1. Always read a book to yourself before reading it aloud. That is, never read a book to a child that you are not familiar with.
2. Judge the length of the story and the content and consider these in relation to the child's needs.
3. Edit the story if necessary because of lack of time.
4. Let children choose the same book over and over again if they desire.

Anger

Attilla The Angry, Sharmat
I Was So Mad, Mayer
Mr. Gumpy's Outing, Burningham
Where the Wild Things Are, Sendak

Fear and Courage

A Father Like That, Zolotow
Brave Daniel, Klein
Clyde Monster, Crowe
Cowardly Clyde, Peet
Harry and the Terrible Whatzit, Gackenback
Ira Sleeps Over, Waber
Just Me and My Dad, Mayer
Momma One, Momma Two, Mc Loughlin
Spinky Sulks, Steig
Sly Charles, Wells
The Quilting Deal, Tobias
The Relatives Came, Ryland
The Shy Little Girl, Krasilovsky
There's an Alligator Under My Bed, Mayer
There's a Nightmare In My Closet, Mayer
There's a Monster Under My Bed, Gruber
Where the Wild Things Are, Sendak

Basic Concepts

ABC, 123, McNaughton
A House for a Hermit Crab, Carle
Aardvarks Disembark, Jonas
Brown Bear, Brown Bear, What Do You See? Martin
Can You Imagine? Gardner
Farm Animal Book, Martin
Freight Train, Crews
Harriet Goes to the Circus, Maestro
Have You Seen My Cat? Carle
Icky Bug Alphabet Book, Pallotta
Is Your Mama a Llama? Guarino
Little Blue and Little Yellow, Lionni
Ocean Alphabet Book, Pallotta
Polar Bear, Polar Bear..., Martin
The Bus Stop, Hellen
The Mixed-up Chameleon, Carle

Death and Dying

Annie and the Old One, Miles
Badger's Parting Gifts, Varley
First Snow, Coutant
Grandpa Loved, Nobisso
I'll Always Love You, Wilhelm
Nana Upstairs, Nana Downstairs, de Paola
My Grandpa Lew, Zolotow
The Accident, Carreck
The Saddest Time, Simon
The Tenth Good Thing About Barney, Viorst

Divorce

Bernard, Waber
Dinosaurs Divorce, Brown
Families, Tac
Do I Have A Daddy? Lindsay

Doctor, Hospital, Dentist

Albert the Running Bear's Exercise Book, Isenberg
Curious George Goes to the Dentist, Rey
Curious George Goes to the Hospital, Rey
The Adventures of Albert the Running Bear, Isenberg

Disabilities and Handicaps

Anna, Grandpa, and the Big Storm, Stevens
Beauty, Brave and Beautiful, Gackenbach
First Grade King, Williams
Howie Helps Himself, Fassler
Talking Without Words, Ets
The Other Emily, Davis

Family

An Anteater Named Arthur, Waber
Come to the Meadow, Hines
Daddy Makes the Best Spaghetti, Hines
Do You Love Me? Gackenbach
Frog Goes To Dinner, Mayer
Hazel's Amazing Mother, Wells
Leo The Late Bloomer, Kraus
Love Don't Mean, Greenfield
Lyle Finds His Mother, Waber
The Mother's Day Mice, Bunting
The Wednesday Surprise, Bunting
Why Couldn't I be an Only Child Like You? Hazen

Fathers

A Man Can Be, Kempler
Daddy Makes the Best Spaghetti, Hines
Humphrey's Bear, Wahl
Jam, Mahy
Just Me and My Dad, Mayer
Kite Flyer, Haseley
Max, Isadora
My Dad Takes Care of Me, Gunlan
Oliver Button is a Sissy, de Paola
William's Doll, Zolotow

Friendship

Big Al, Clements
George and Martha, Marshall
I'll Fix Anthony, Viorst
Ira Says Goodbye, Waber
Ira Sleeps Over, Waber
Look What I Can Do! Arvego
Lovable Lyle, Waber
Lyle, Lyle Crocodile, Waber
Much Bigger than Martin, Kellogg
Rosie and Michael, Viorst
The One in the Middle is the Green Kangaroo, Blume
The Very Worst Monster, Hutchins

Happy

Friends, Heine
Just For You, Mayer
Oh, The Thinks You Can Think, Seuss
Summer, Low
The Rich Man and the Shoemaker, La Fontaine
The Happy Day, Kraus

Identity, Uniqueness, Self-Esteem

Alexander and the Terrible, Horrible, No Good, Very Bad Day, Viorst
All By Myself, Mayer
Babushka's Doll, Polacco
Evan's Corner, Hill
Frank and Ernest, Day
Frederick, Lionni
Goodnight Moon, Brown
Here Are My Hands, Martin
I Like Me!, Carlson
It's A Perfect Day, Pfeitzer
I Want to Stay Here, I Want to Go There, Lionni
Just For You, Mayer
Just Only John, Kent
Leo The Late Bloomer, Kraus
Look What I Can Do, Arwego
Matthew's Dream, Lionni
Mr. Gumpy's Outing, Burningham
Nadia The Willfull, Alexander
On Monday When It Rained, Kachenmeister
Quick as a Cricket, Wood
Someone New, Zolotow
The Runaway Bunny, Brown
The Story of Jumping Mouse, Steptoe
Swimmy, Lionni

Good-Byes

Ira Says Goodbye, Waber
Meg and Jack are Moving, Dowling
Meg and Jack's New Friends, Dowling
The Great Big Elephant and the Very Small Elephant, Seuling

Naughty

Alexander and the Terrible, Horrible, No Good.... Viorst
Bedita's Bad Day, Keith
Nathan and Nicholas Alexander, Delacre
Peter Rabbit, Potter
Pierre, Sendak
Rotten Ralph, Gantos
Two is Company, Delton
The Grouchy Ladybug, Carle

New Baby

A Bargain for Frances, Hoban
Big Brother, Zolotow
Butterfingers, Reader
Desert December, Haarhoff
Jack and the Monster, Graham
Nobody Asked Me If I Wanted a Baby Sister, Alexander
On Mother's Lap, Scott
Shadow's Baby, Cuyler
When the Baby Comes, I'm Moving Out! Alexander

Multicultural Books

Angel Child, Dragon Child, Surat
Arrow to the Sun, Mc Dermott
Big Sister Tells Me I'm Black, Adoff
Crow Boy, Yashima
How Many Days to America, Bunting
How My Parents Learned to Eat, Freedman
She Come Bringing Me That Little Baby Girl, Greenfield
The Animals Who Changed Their Colors, Allamand
The Black Snowman, Mendez
The Story of Jumping Mouse, Steptoe

Older Folks

Albert's Toothache, Williams
Always Grandpa, Borack
Dawn, Shulbevitz
Do Not Open! Turkle
Edgemont, Sharmat
Grandpa, Borack
How Does It Feel To Be Old? Farber
Kevin's Grandma, Williams
Now One Foot, Now The Other, de Paola
Miss Rumphius, Cooney
Song and Dance Man, Ackerman
The Two of Them, Aliki
Thunder Cake, Polacco
Wilfrid Gordon Mc Donald Partridge, Fox

Siblings

Chrysanthymum, Henkes
Do You Know What I'll Do? Zolotow
Goodbye Arnold, Roche
I'll Fix Anthony, Viorst
Julius, The Baby of the World, Henkes
Kevin, Henkes
Wanted, A Brother, Bill

Rhymes and Tales

A Hippopotamusn't, Lewis
All Day Long, Mc Cord
All The Colors of the Race, Adoff
Brats, Kennedy
Good Books, Good Times, Hopkins
Honey, I Love, Greenfield
If I Were In Charge of the World, Viorst
I'm Mad at You! Cole
Nathaniel's Talking, Greenfield
Spin a Soft Black Song, Giovanni
The Terrible Tiger, Prelutsky
Whiskers and Rhymes, Lobel
Who's In Rabbits House? Aardema

APPENDIX VII

APPENDIX VII

MISCELLANEOUS RESOURCES FOR THE PRIMARY INTERVENTION PROGRAM

The following master copies are things that I have developed over the past two years. They can be used in anyway to help you facilitate your work.

By way of explanation, we call our PIP "The Kid Connection". This sign can be enlarged and used to designate the room or area used, or may be used in any other appropriate way.

The forms are used to accompany the TCR's, BIF's and other paperwork required from the teachers. When copied on colored paper and signed by the aide, they are useful in the communication process.

The remaining three pages are record keeping devices that have been helpful to me. The first (page 81) is used to organize and schedule child visits. A copy is given to the supervising professional and to the school secretary or principal.

The final pages are used to track the children's visits to the playroom. The children use a variety of rubber stamps or stickers to chart each visit.

THE
KID
CONNECTION

FROM THE KID CONNECTION

The attached forms are needed in order for students to be placed in the Kid Connection. Please fill them out and place them in my box when they are completed. If you have any questions, please feel free to contact me, or the school psychologist. We would be happy to speak with you.

Thank you,

FROM THE KID CONNECTION

The attached forms are needed in order for students to be placed in the Kid Connection. Please fill them out and place them in my box when they are completed. If you have any questions, please feel free to contact me, or the school psychologist. We would be happy to speak with you.

Thank you,

FROM THE KID CONNECTION

Dear _____,

Your student, _____ has been scheduled for the Kid Connection at _____ on _____. I hope that this is a convenient time for you. Your student will come to the playroom for about 30 minutes once a week. If a session needs to be made up because of an absence or other reasons, I will check directly with you to make arrangements. Thank you for you help in placing students in the Kid Connection.

Sincerely,

FROM THE KID CONNECTION

Dear _____,

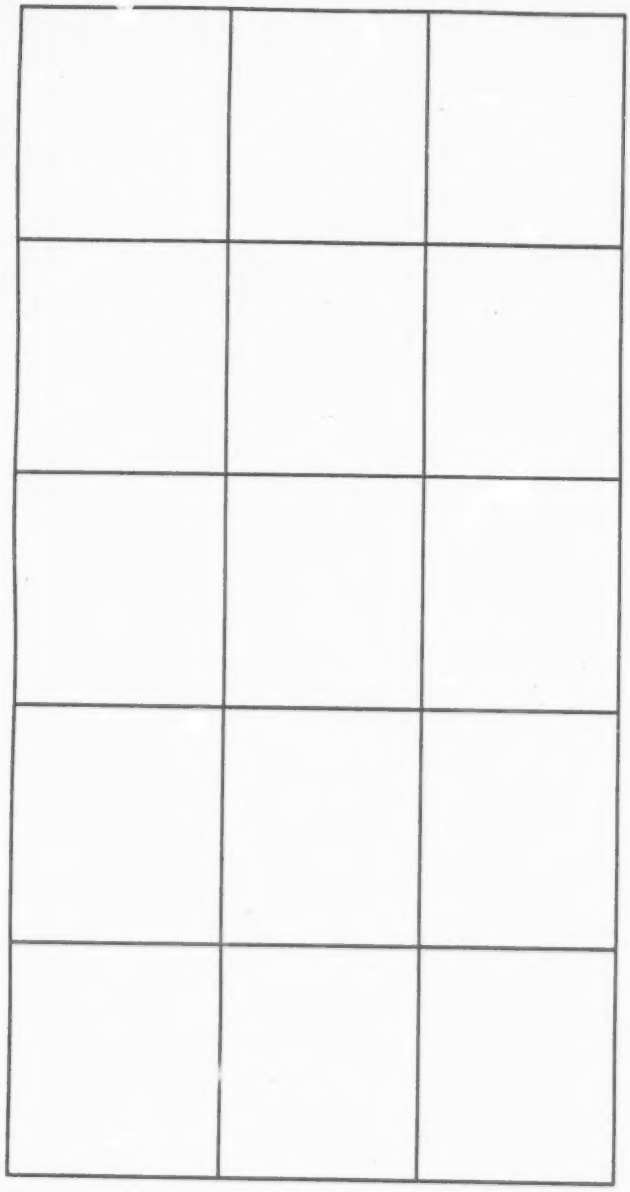
Your student, _____ has been scheduled for the Kid Connection at _____ on _____. I hope that this is a convenient time for you. Your student will come to the playroom for about 30 minutes once a week. If a session needs to be made up because of an absence or other reasons, I will check directly with you to make arrangements. Thank you for you help in placing students in the Kid Connection.

Sincerely,

TIME SLOTS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

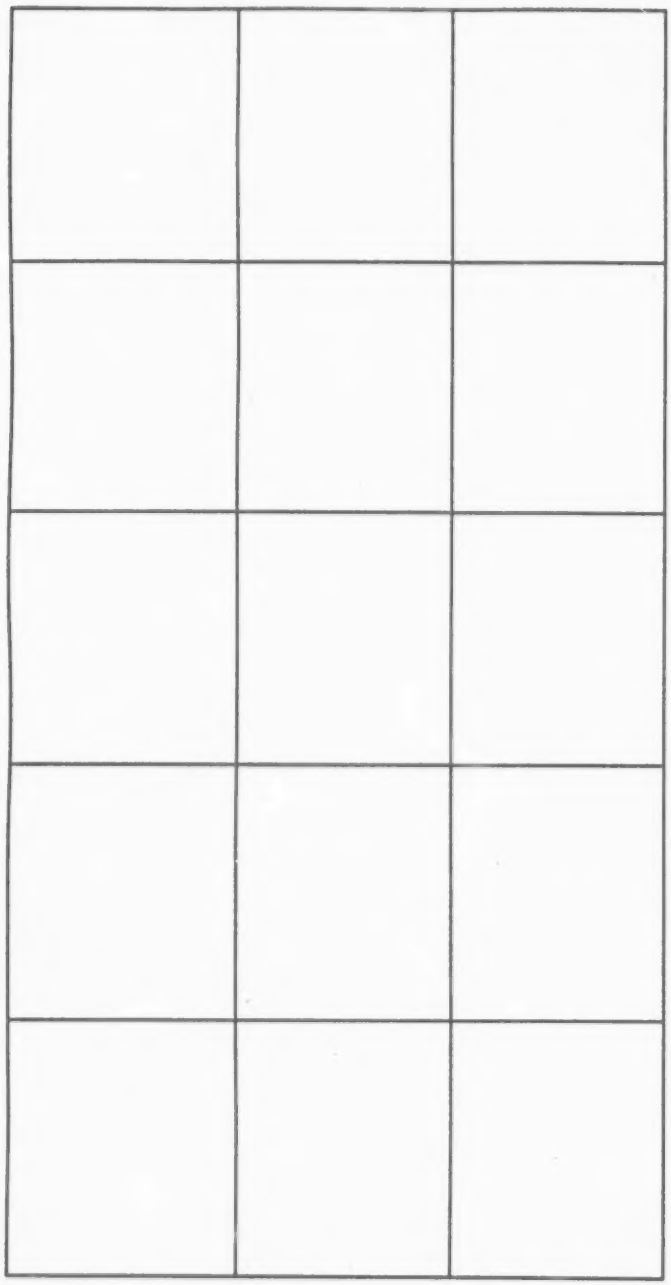
NAME:

KID CONNECTION



NAME:

KID CONNECTION



ASSESSMENT

APPENDIX A
APPENDIX B

APPENDIX A

PRE-ASSESSMENT SURVEY
FOR MASTERS THESIS
BY
LAURIE PRUSSO

NOVEMBER 5, 1992

Thank you for participating in this survey for my masters thesis. As you know, I am working on a resource guide for paraprofessionals in the Primary Intervention Program (PIP). It would be very helpful to me if you would be honest in rating these ideas for a resource guide by indicating what would be most helpful to you in your work. The space at the end is for any comments you may have that you think would help me in this work. As I have promised, you will each receive a copy of this guide for your use as a trial of its effectiveness. A post-project survey will be done at the end of a three month period to assess how helpful the guide has been for you.

Thank You,

Please circle the number that indicates how useful each type of guide would be to you in your work.

a. One that is complete and detailed.

not at all helpful very helpful

1 2 3

b. One that explains what the PIP is and what its goals are.

1 2 3

c. One that clarifies your role in PIP.

1 2 3

d. One that is easy to use.

1 2 3

e. One that gives an in depth history of PIP.

1 2 3

f. One that includes a good job description.

1 2 3

g. One that gives detailed suggestions for the playroom.

1 2 3

h. One that includes a list of appropriate children's books.

1 2 3

i. One that explains the role of play/how it works.

1 2 3

j. One that includes information on child development.

1 2 3

k. One that is brief and easy to use.

1 2 3

l. One that is organized by goal area.

1 2 3

m. One that is organized by activities.

1 2 3

Please comment on what you think would be helpful in your work in the PIP.

I am considering two formats for the guide. Both are illustrated below. Please indicate, by circling one answer, which you think would be most useful to you.

PIP Quick Glance Resource Guide

Goal Area **Related Children's Books**

Suggested Activities **Reinforcement**

Communication Keys **Resources**

I like this one better.

Activities	1	2	3	4	5	6
Checkers						
Chutes/Ladders						
Candyland						
Memory						
Battleship						
Play Dough						
Sand Tray						
Dollhouse						
Legos						
Cars/Trucks						
Dinosaurs						
Animals						
Easel Paints						
Me-Book						
Bubbles						
Marbles						

I like this one better.

APPENDIX B

POST-ASSESSMENT SURVEY
FOR MASTERS THESIS
BY
LAURIE PRUSSO

February, 18, 1993

Thank you for participating in my thesis research. I hope you find the resource guide helpful and informative in your work as paraprofessionals in the Primary Intervention Program. I would appreciate it if you would take a few minutes to indicate if you liked the resource guide, and if it was helpful to you. Thank you again for your time and involvement in my thesis.

Laurie

Please answer each question briefly.

1. Did you find the information portion of CONNECTING informative and useful?

_____

_____

2. Do you have a better understanding of how and why children learn about themselves through play?

_____

_____

3. Does the guide help you understand your role in the Primary Intervention Program and in non-directive Play?

_____

_____

4. Did/Will you find the bibliotherapy list helpful?

_____

5. Do you have a better sense of what the children are learning when they are involved in different activities, and a sense of why they choose certain activities?

_____

6. Is CONNECTING easy to use? _____

7. Did you learn anything new? _____

8. If so, what? _____

_____

9. What would you add or subtract from CONNECTING to make it more useful to your work?

_____

_____

Comments: _____

_____

_____

_____

_____

_____

Thank you again for your help in this project.

Chapter V

EVALUATION AND RECOMMENDATIONS

Restatement of Purpose

The purpose of this study was to design a resource guide for use by paraprofessionals implementing the Primary Intervention Program in a public school setting. The resource guide was created because of the need for a clear understanding of the Primary Intervention Program, the role of the paraprofessional working in the program, and the need for balance between adult involvement and support and child-initiated activity.

Evaluation Process

This Resource Guide For Paraprofessionals in the Primary Intervention Program was evaluated by the PIP staff in the school district described. Participants included four paraprofessionals who were working in the Primary Intervention Program. In addition, the Program Supervisor, a school psychologist who oversees the entire project for the school district, was very helpful in the process. The participants answered a survey before the guide was developed. A copy of this pre-assessment may be found in Appendix A. The comments and suggestions from that survey were taken into consideration as the resource guide was prepared.

The pre-assessment survey was designed to determine

what kind of guide would be helpful to paraprofessionals in the Primary Intervention Program. It asked the participants to indicate on a scale of 1 to 3 whether a particular style or kind of information would be "not at all helpful", "helpful", or " very helpful."

The participants indicated that they would like a "graph" type of guide that would tell them what activities were appropriate for certain goal areas. When I tried to develop such a chart, the program became very directive and the role of the paraprofessional was compromised. I elected to use the other choice of guide, even though the pre-assessment suggested otherwise.

The post-assessment instrument was used after each of the staff members had read the resource guide and had a chance to use it. This assessment tool is found in Appendix B of the Resource Guide. The post-assessment survey asked for brief answers to questions about the usefulness of the guide.

Results and Conclusions

All of the surveys, both pre-assessment and post-assessment, were returned to me. Because of the small size of the PIP staff, however, the results may not be viewed as significant. The evaluations were favorable to the design and usefulness of the resource guide.

To the question, Did you find the information portion of CONNECTING informative and useful?, one

hundred percent of the staff surveyed answered yes. The newest staff member, who was just beginning her work in the program answered, "It was very helpful in my understanding of what my role as a PIP aide should be."

In response to the question, Do you have a better understanding of how and why children learn about themselves through play?, all but one of those surveyed answered "yes." The other, who had worked extensively in special ɛ ıcation programs and is an experienced PIP worker, was not sure if she had learned anything new.

All but one response to the question, Does the guide help you understand your role in the PIP and in non-directive play?, indicated that it was helpful. Comments indicated that it would be very useful to a new paraprofessional in the Primary Intervention Program.

When questioned about the usefulness of the bibliotherapy, the staff members all said they would find it very useful and that they enjoyed it.

The fifth question was, Do you have a better sense of what the children are learning when they are involved in different activities, and a sense of why they choose certain activities?, fifty percent of those surveyed answered yes, and fifty percent answered that they did not learn anything new.

The staff reported that the resource guide is easy to use. Seventy five percent reported that they learned something new. When asked what they would add to or

subtract from the guide there was a variety of responses. One person responded that they would like to read the experiences of other PIP workers. One would like more detailed instructions on what activities are appropriate for particular goal areas. Another would like more PIP resources included for communicating with school staff, parents and so forth.

The guide, as seen in Chapter IV, does not reflect any changes made on the basis of the post-assessment survey.

Conclusion

Since the purpose of this study was to design a resource guide for paraprofessionals in the Primary Intervention Program, the study could be deemed successful within the limits of the population served, keeping in mind the small size of the number of participants in the evaluation process.

Recommendations For Use of The Resource Guide

Based on the results of the evaluation, the writer would recommend that the suggestions and input from the post-assessments be used to edit the guide. In addition, the author recommends that a resource guide like this one be available at the initial training sessions for new PIP workers. It seemed to be most useful for our newest staff member; however, even experienced paraprofessionals found it helpful and informative.

A third recommendation is that this guide be made available through the state program office for school districts just beginning the Primary Intervention Program.

Recommendations For Further Research

In addition to the recommendations that the guide be available at the initial training, and that it be made available by the state to the participating districts, there are some important implications for further research in this field.

Since the notion of primary intervention in elementary schools is growing, it will be essential for districts to be able to train, document, and justify the effectiveness of programs like PIP. An ongoing and well-organized network of program facilitators, paraprofessionals, and record keepers will be necessary. The research findings done over a 30 year period, and based on the Primary Mental Health Project in New York, will need to be continually replicated and up-dated in order for developing and continuing programs to be effective. To this end, my recommendation is that (if it is not already established), a sophisticated process, and some well trained people be organized in California to oversee and implement ongoing research, training, and documentation of the Primary Intervention Program.

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